

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William J. Whitsitt	COURT CASE NUMBER C-08-2139-BZ
DEFENDANT Wheatfall, #429, et al.	TYPE OF PROCESS Summons, Complaint & Orders

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	Dublin Police Department, City of Dublin
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 100 Civic Plaza, Dublin, CA 94568

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
William J. Whitsitt, Pro per 335 W. Clover Road Tracy, CA 95376	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2067	DATE 5/28/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>R. J. [Signature]</i>	Date 6/16/08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy	

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8.00	Advance Deposits 0	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 6/18/08 - mailed summons w/299 Form
7/5/08 - Acknowledged Receipt**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
United States District Court
for the
Northern District of California

TO: Dublin Police Department
City of Dublin
100 Civic Plaza
Dublin, CA 94568

Civil Action, File Number C08-2139 BZ

William J. Whitsitt

v.

Wheatfall #429, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

6/18/08
Date of Signature

for Federico Rocha, U.S. Marshal
Signature (USMS Official)

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

1221 Oak St Suite 450
Street Number and Street Name or P.O. Box No.

Oakland, CA 94612
City, State and Zip Code

[Signature]
Signature

Associate County Counsel
Relationship to Entity/Authority to Receive

First-Class Mail
Service of Process

7/8/08
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

Received ACSO

JUN 25 2008

www.Litigation

USM Form-299
Rev. 10/03
Automated 10/03

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William J. Whitsitt	COURT CASE NUMBER C-08-2139-BZ <i>son</i>
DEFENDANT Wheatfall, #429, et al.	TYPE OF PROCESS Summons, Complaint & Orders
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { Office of the County Counsel, County of Alameda ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1221 Oak Street, #450, Oakland, CA 94612	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW William J. Whitsitt, Pro per 335 W. Clover Road Tracy, CA 95376	
Number of process to be served with this Form 285 <i>4</i>	Number of parties to be served in this case <i>7</i>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
(415) 522-2067

DATE
5/28/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>11</i>	District to Serve No. <i>11</i>	Signature of Authorized USMS Deputy or Clerk <i>R. Jones</i>	Date <i>6/4/08</i>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

JOSEPH LARKIN clerk

☒ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date
7/2/08 Time
10:00 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy
R. Jones

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: *6/17/08 - Fee to Oakland's office for personal service*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William J. Whitsitt	COURT CASE NUMBER C-08-2139-BZ <i>JSW</i>
DEFENDANT Wheatfall, #429, et al.	TYPE OF PROCESS Summons, Complaint & Orders

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Wheatfall, #429, Alameda County Sheriff's Department, Litigation Unit, Internal Affairs Section
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1401 Lakeside Drive, 7th Floor, Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW William J. Whitsitt, Pro per 335 W. Clover Road Tracy, CA 95376	Number of process to be served with this Form 285 4
	Number of parties to be served in this case 7
	Check for service on U.S.A. 2008 JUN 29 PM 4:40

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold Fold

FILED

RICHARD
CLERK, U.S. L

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2067	DATE 5/28/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 6/14/08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) SGT. MARTINEZ ACSC	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7-2-08 Time 10³⁵ <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i> # 69

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: **6/14/08 - Fwd to Oakland's office for personal service**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William J. Whitsitt	COURT CASE NUMBER C-08-2139-BZ
DEFENDANT Wheatfall, #429, et al.	TYPE OF PROCESS Summons, Complaint & Orders

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Alameda County Sheriff's Department, County of Alameda, Litigation Unit, Internal Affairs Section
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1401 Lakeside Drive, 7th Floor, Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW William J. Whitsitt, Pro per 335 W. Clover Road Tracy, CA 95376	Number of process to be served with this Form 285 4	2008 JUN 29
FILED	Number of parties to be served in this case 7	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service)

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2067	DATE 5/28/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>R. J. [Signature]</i>	Date 6/14/08
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>SET MARTINEZ ACSO</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 2 JUL 08 Time 1035 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i> 69	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 6/14/08 - Twd to Oakland ovc for personal service

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF William J. Whitsitt	COURT CASE NUMBER C-08-2139-PZ <i>So</i>
DEFENDANT Wheatfall, #429, et al.	TYPE OF PROCESS Summons, Complaint & Orders

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
A. Garth, #1340, Alameda County Sheriff's Department, Litigation Unit, Internal Affairs Section
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1401 Lakeside Drive, 7th Floor, Oakland, CA 94612

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW William J. Whitsitt, Pro per 335 W. Clover Road Tracy, CA 95376	Number of process to be served with this Form 285 4
	Number of parties to be served in this case 7
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (415) 522-2067	DATE 5/28/08
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>R. Garth</i>	Date 6/16/08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) SGT MARTINEZ ACSO	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7-2-08 Time 10:35 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i> #69

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 6/18/08 - Fwd to Oakland for personal service

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED